

APPENDIX A

DRIVER ENROLLMENT FORM

Use this form to enroll new drivers within your agency who have never had FuelnetTM cards. Please use a separate form for each account.

Billing Agency: _____

Account Name: _____

Account Budget Code: _____

DRIVER LIST			
LAST NAME	FIRST NAME	SOCIAL SECURITY	LABEL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTES: Please type or print clearly.
Label column is provided for your agency to use for ID purposes (8 characters maximum)
All column information above will appear on the label and billing/invoice reports.

Send new cards to Attention of: _____

Agency: _____

Address: _____

_____ City State Zip

Signature of person completing this form Date

Phone Number Fax Number

Signature of Fleet Mgr. E-mail Address Date

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